



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>CB1-00663B</u> e1	WRIA <u>7</u>
DATE ACCEPTED <u>3/27/09</u>	BY <u>DAB</u>
FEE \$ <u>50</u>	REC'D <u>3/27/09</u>
CHECK No. <u>7690</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	
<u>Rest 4/2/09</u>	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>SAMSON FARMS, INC.</u>	PHONE NO. <u>(360) 966-7787</u>	FAX NO. <u>(360) 966-4526</u>
ADDRESS <u>1861 VAN DYK RD.</u>		
CITY <u>EVERSON</u>	STATE <u>WA</u>	ZIP CODE <u>98247</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE)		
PHONE NO. ()		
FAX NO. ()		
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>G1-00663B</u>	RECORDED NAME(S) <u>SAMSON FARMS, INC.</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____
<u>CS1-00663B(B) e1</u>			

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		NW	SW	11	40	03	400311091194	

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL		NW	SE	11	40	03	400311328199	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	45	18	MAY 1 - JUN SEPT. 30

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	45	12	MAY 1 - SEPT. 30

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
THAT PTN OF TR. LY N-W OF DITCH DAF-E 1/2 W 1/2 SW-E 1/2							
SW EXC E. 60 ACRES THEREOF - EXC R/W FOR E BADGER							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SW	0311	40	03	WHATCOM	400311091194	16.5
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SE	11	40	03	WHATCOM	400311328199	40 30
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Shanley S. Mohr
(Applicant)

3 12 09
(Date)

Shanley S. Mohr
(Water Right Holder)

3 12 09
(Date)

Shanley S. Mohr
(Land Owner(s) of Existing Place of Use)

3 12 09
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

B. Proposed Place of Use: If you are proposing to add place of use or change/transfer place of use then you **must** complete Part 5B. of the application. Follow the instructions for Part 5A. to describe the new lands that you propose is associated with your water right.

Other rights: Below Part 5B. in a separate border is the following question:

ARE THERE ANY ADDITIONAL WATER RIGHTS OR CLAIMS RELATED TO THE SAME PROPERTY AS THE ONE PROPOSED FOR CHANGE/TRANSFER? ☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S).

Example No. 7

If you are aware of other rights associated with any of the property you have describe on the application, please indicate so by marking the "yes" box provided and provide the identifying document number.

6. Remarks and Other Relevant Information: Your application will be reviewed by several interested agencies and is available to the public for inspection. You may use this space to provide additional information or an explanation for your change proposal. Your remarks or explanation may include any information that you believe should be considered in the review of your application. You may also explain the reasons that you are proposing the change/transfer, for example, that you are updating your water distribution system or relocating a water well.

Please note: If your application is being submitted for a seasonal or temporary change in water right, whether or not in conjunction with a permanent change or transfer, you **must** indicate the date that you desire the change/transfer to be effective and the date that you desire the change/transfer to terminate. It is recommended that you submit your application as far in advance of the date you wish the change/transfer to be effective as possible.

7. Signature and Date: The applicant must sign and date the application. In addition, the owner of the water right and the owner of the existing place of use must sign and date the application if different than the applicant.

IMPORTANT!

Submit your application to Ecology at:

DEPARTMENT OF ECOLOGY
CASHIERING UNIT
PO BOX 47611
OLYMPIA, WA 98504-7611

Alternatively, you may submit your application at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Please check the regional office in which your project is located.

- | | |
|--|--|
| <input type="checkbox"/> Central Regional Office
15 W Yakima Avenue, Suite 200
Yakima, WA 98902
(509) 575-2490 | <input type="checkbox"/> Eastern Regional Office
4601 N. Monroe
Spokane, WA 99205-1295
(509) 329-3400 |
| <input checked="" type="checkbox"/> Northwest Regional Office
3190 - 160 th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000 | <input type="checkbox"/> Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300 |